03/22/2011 09:16 8655945739 HEALTH CARE FACILITY PAGE 17/30
PRINTED: 03/18/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 4/30/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445126	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SEQUATCHIE	360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility did not meet the specified building type and requirements. The findings include: Observation of the interstitial space above resident room 511 on 3/15/11, at 9:25 a.m., revealed the use of non fire retardant wood as blocking for resident curtains hung on the ceiling. Upon interview with the facility maintenance supervisor it was revealed this condition existed throughout the facility. National Fire Protection Association, 220, 3-2 This finding was verified by the maintenance supervisor via telephone interview on 3/18/11.	K 012	K 012 1. All non fire retardant wood located in the interstitial space above resident rooms will be removed. 2. All patient rooms were inspected for non fire retardant wood in the interstitual space and removed as found. 3. Any future rennovative work to patient rooms will be reviewed to prevent the use of non fire retardant wood. 4. Maintenance Supervisor will continue to monitor patient room interstitual space and monitor future rennovative work to patient rooms.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain required exit access in	K 038	K 038 1. Obstructed corridors on the 700 hall were cleared of carts and equipment. Obstructed kitchen egress path and dining room exits were cleared of carts. 2. All facility cooridors and exits were inspected for obstructions and cleared as needed. 3. Employee in-services will be conducted on clearing the facility corridors of obstructions and that carts and equipment	April 22, 2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 3/25/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1 the corridors. The findings include: 1. Observation during the facility tour of the 700 hall corridor on 3/15/11, beginning at 8:53 a.m., revealed that the corridors were obstructed by carts and equipment at room 703. Further observations of the 700 hall corridor on 3/15/11, at 9:30, a.m. revealed the carts and equipment remained in place at room 703 for a period of time exceeding 30 minutes. National Fire Protection Association, 101, 7.1.10.1 2. Observation of the kitchen on 3/14/11, at 11:30 a.m., revealed the egress path to the corridor and dinning room exits were obstructed with carts. National Fire Protection Association, 101, 7.1.10.1 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 038	used should not remain in place for more than 30 minutes. Dietary employees will be in-serviced on keeping the egress path to the corridor and dining room exits free of obstructions. 4. Maintenance Supervisor will inspect monthly and report results to the QA committee. April 22, 2011	
K 039 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain required exit access width in the corridors. The findings include:	K 039	K039 1. Obstructed corridors on the 700 hall were cleared of carts and equipment and all items moved to one side of the hall. 2. All corridors were inspected for cart and equipment obstructions to ensure that all carts and equipment are located on one side of the corridor. 3. Employee in-service will be conducted by indicated completion date on clearing the facility corridors of obstructions on both sides and that all carts and equipment are to be on one side of the corridor.	

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K 039	Continued From page 2 Observation of the facility corridors on 3/15/11, at 9:00 a.m., revealed that the corridors were obstructed by carts and equipment on both sides of the corridor reducing the available egress width below four feet in the 700 hall corridor. National Fire Protection Association, (NFPA) 101, 19.2.3.3 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 039	4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to execute proper fire drill procedures. The findings include: Observation during the fire drill on 3/15/11, at 12:35 p.m., revealed that a cart was left in the egress corridor obstructing an egress door and corridor adjacent to resident room 501. National Fire Protection Association, 101, 19.7.1.2	K 050	K 050 1. After employees have been in-serviced, a fire drill will be conducted to ensure that staff follow proper fire drill procedures with special emphasis on keeping egress doors and corridors free of obstructions. 2. All fire drills will be evaluated to determine all steps are followed with special emphasis on keeping egress doors and corridors free of obstructions. 3. An employee in-service will be conducted to review the proper procedures in the event of a fire. Special emphasis will be placed on keeping egress doors and corridors free of obstructions during fire drills. 4. All fire drills will be monitored to ensure all procedures are correctly followed. Fire and safety in-services will be held annually for all employees.	April 22, 2011

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K 050	Continued From page 3 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 050		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire alarm system. The findings include: Observation and testing of the facility alarm panel on 3/15/11, at 12:22 p.m., revealed that failure of the communication lines did not provide an audible or visual trouble signal at a constantly attended location nor did it provide an audible signal at the main fire alarm control panel. National Fire Protection Association, (NFPA) 72, 5-4.3.2, (NFPA) 72, 7-2.2 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on	K 052	K 052 1. The main fire alarm control panel was fixed to provide an audible and visual trouble signal at a constantly attended location located at the Station 1 nurses station and the main fire alarm control panel. 2. The fire alarm system has been inspected to ensure that the communication lines provide an audible and visual trouble signal at Station 1 nurses station and at the main fire alarm control panel. 3. Regular inspections will be conducted on the fire alarm system to ensure that an audible and visual trouble signal be provided for Station 1 nurses station and the main fire alarm control panel. 4. Maintenance Supervisor will monitor by keeping records of inspections conducted.	April 22, 2011

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K 052	Continued From page 4 3/15/11.	K 052	K 056 1. The following corrective action will be taken a). The 200 hall exterior canopy wet sprinkler system will be disassembled and capped as recommended. b). The 600 hall corridor standard type sprinkler will be replaced with a quick response type. c). Obstructions in the 500 hall records storage room were removed. 2. a). There are no other outside sprinkler systems to inspect. b). The other corridor sprinkler heads will be inspected to ensure that proper sprinkler heads were used within the same compartment. Heads will be replaced as needed. c). Facility closets will be inspected for sprinkler head obstructions and corrected as needed. 3. Regular inspections will be conducted to ensure the sprinkler system is in compliance with proper system and proper heads. Rooms and closets will be inspected to ensure that they are free from sprinkler head obstructions.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to install and maintain the sprinkler system in accordance with National Fire Protection Association, (NFPA) 13 and 25. The findings include: 1) Observation under the 200 hall exterior canopy on 3/15/11, at 9:53 a.m., revealed the installation of wet system type sprinklers where temperatures cannot be reliably maintained above 40 degrees. National Fire Protection Association, 13, 5-14.3.1.2 2) Observation in the 600 hall corridor on 3/15/11, at 10:10 a.m., revealed the use of a standard type sprinkler with quick-response type sprinklers within the same compartment. National	K 056		

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K 056	Continued From page 5 Fire Protection Association, 13, 5-4.5.3 3) Observation inside the 500 hall records storage room on 3/15/11, at 10:45 a:m., revealed obstructions that would limit the water distribution from reaching the protected hazard. National Fire Protection Association, 13, 5-5.5.3 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 056	4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system in reliable operating condition. The findings include: 1) Observation of the corridor outside of room 204 on 3/15/11, at 9:55 a.m., revealed a dirty sprinkler. National Fire Protection Association, 25, 2-2.1.1 2) Observation of the corridor at the secure wing nurse's station on 3/15/11, at 11:21 a.m., revealed a sprinkler out of parallel with the ceiling. National Fire Protection Association, 13, 5-7.4.2.1	K 062	K 062 1. Corrective action conducted as follows: a). Sprinkler head outside of room 204 was cleaned. b). Sprinkler heads out of parallel with the ceiling at secure wing nurses station, Activities Director's desk, and in the closet of room 702 will be repaired. 2. All other sprinkler heads will be inspected to ensure they are clean and parallel with the ceiling. 3. Regular inspections will be conducted to ensure sprinkler heads are clean and parallel with the ceiling. 4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011

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K 062	Continued From page 6 3) Observation of the activities room over the activities director's desk on 3/15/11, at 11:33 a.m., revealed a sprinkler out of parallel with the ceiling. National Fire Protection Association, 13, 5-7.4.2.1 4) Observation of the closet inside resident room 702 3/15/11, at 11:37 a.m., revealed a sprinkler out of parallel with the ceiling. National Fire Protection Association, 13, 5-7.4.2.1 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 062	K 066 1. Metal containers with self closing cover devices into which ashtrays can be emptied were ordered for designated smoking areas. They will be set up for use by the indicated completion date. The 200 hall exit separate canopy will be disassembled in order to use the area as a designated smoking area as instructed by surveyor. 2. All designated smoking areas have been identified and inspected. Metal containers with self closing cover devices will be installed at each location by the indicated completion date. 3. Regular inspections will be conducted to ensure that the metal containers with self closing cover devices are used at all designated smoking areas. 4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066		

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K 066	Continued From page 7 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain adopted smoking regulations. The findings include: 1) Observation of the 200 hall canopy area on 3/15/11, at 9:54 a.m., revealed a sitting area and ash tray under a separate canopy, indicating a smoking area in an area not designated as such and where no approved ash dump device was located. National Fire Protection Association, (NFPA) 101, 19.7.4(1), (NFPA) 101, 19.7.1(4) 2) Observation of the outdoor area adjacent to the dining room and day room on 3/15/11, at 11:10 a.m., revealed that there was no approved ash dump device in the smoking area. National Fire Protection Association, 101, 19.7.1(4) These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 066		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067		

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K 067	Continued From page 8 This STANDARD is not met as evidenced by: Based on observation and records review, it was determined the facility failed to maintain the heating, venting and air conditioning. The findings include: Records review on 3/15/11, at 1:27 p.m., revealed the facility failed to have the required four year maintenance and testing performed on the smoke dampers. National Fire Protection Association, (NFPA) 90A, 3-4.7 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 067	K 067 1. All smoke dampers will receive required maintenance and testing. 2. All smoke dampers will be inspected to make sure they are receiving proper maintenance and testing by the indicated completion date. 3. Regular inspections will be conducted at the required time on all facility smoke dampers. 4. Maintenance Supervisor will monitor by keeping records of inspections.	April 22, 2011
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the	K 076	K 076 1. Oxygen storage will be moved to an area that is not within 5 feet of combustibles 2. Oxygen storage will be inspected to ensure it is not within 5 feet of combustibles. 3. Regular inspections will be conducted to ensure that combustible items are not within 5 feet of oxygen storage. 4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011

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K 076	Continued From page 9 facility failed to protect the oxygen storage room. The findings include: Observation of the nurses' station #1 oxygen storage room on 3/15/11, at 11:35 a.m., revealed combustibles stored within 5 feet of the oxygen cylinders. National Fire Protection Association 99-8.3.1.11.2 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 076		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both. Based on records review and interview it was revealed the facility failed to conduct the required health care emergency preparedness drills. The findings include: Records review on 3/15/11, at 1:13 p.m. revealed the facility failed to conduct an emergency preparedness drill in coordination with the local	K 130	K 130 1. An emergency preparedness drill in coordination with the local emergency response agencies will be conducted by the indicated completion date. 2. The facilities annual disaster drill plan will be inspected to ensure that it includes the emergency preparedness drill in coordination with the local response agencies requirement. 3. An emergency preparedness drill in coordination with the local emergency response agencies will be scheduled semi-annually as required. 4. Maintenance Supervisor will monitor that the emergency preparedness drill is included in the required drills conducted by the facility each year.	April 22, 2011

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K 130	Continued From page 10 emergency response agencies. This finding was confirmed upon interview with the maintenance supervisor on 3/15/11, at 1:13 p.m. National Fire Protection Association 99, 11-5.3.9 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 130	K 147 1. Corrective action completed as follows: a). the unsecured and overloaded electrical receptacle above the ceiling will be fixed by the indicated completion date. b). Receptacles in rooms 511, 507, 505 were fixed. c). Receptacle in room 512, 401, Station 1 dayroom, received new covers. d). The junction box in the ceiling inside the closet of room 512 will be fixed by the indicated completion date. e). The unlisted unprotected multi-plug adapter in room 601 was removed. 2. a). Facility electrical receptacles will be inspected to ensure they are secured and not overloaded and repaired as needed. b), Facility receptacles and receptacle covers will be inspected and repaired as needed. d) Junction boxes will be inspected to ensure they meet proper requirements and repaired as needed.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the facility's electrical wiring and equipment in accordance with the National Fire Protection Association, (NFPA) 70, National Electric Code and (NFPA) 99. The findings include: 1) Observation in the corridor above the ceiling on 3/15/11, at 9:45 a.m., revealed an unsecured and overloaded electrical receptacle. National Fire Protection Association, 70-110.13(a), (NFPA) 99-7-2.2.1.1 2) Observation in resident rooms 511, 507, and 505 revealed the receptacles were pushed behind the faceplates of the outlet. National Fire Protection Association, 70-410.56(E) 3) Observation inside resident room 512 on 3/15/11, at 11:03 a.m. revealed the receptacle located new to the window was missing a cover	K 147		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445126	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SEQUATCHIE	360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 11 plate. National Fire Protection Association, 99, 7-2.2.1.1 4) Observation inside resident room 401 on 3/15/11, at 11:07 a.m. revealed a broken receptacle cover plate. National Fire Protection Association, 99, 7-2.2.1.1 5) Observation of day room located in station 1 on 3/15/11, at 11:07 a.m., revealed a broken receptacle cover plate. National Fire Protection Association, 99, 7-2.2.1.1 6) Observation above the ceiling inside the closet in resident room 512 on 3/15/11, at 11:05 a.m., revealed an open knockout in the electrical junction box. National Fire Protection Association, 370-17(a) 7) Observation of resident room 601 on 3/15/11, at 12:02 p.m., revealed the use of an unlisted, unprotected multi-plug adapter. National Fire Protection Association, 99, 3-3.2.1.2 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	K 147	e) Facility will be inspected to find any unlisted, unprotected multi-plug adapters and remove them. 3. An inspection will be conducted on facility electrical receptacles, receptacle covers and junction boxes. 4. . Maintenance Supervisor will inspect monthly and report results to the QA committee.	April 22, 2011